

**ASSIGNMENT**

Surveyor:

RASUL

DOI: 10/06/2021

Date / Time : 09/06/2021

Registered in Merimen: 09/06/2021

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SME 3594C

Claim No. : 9164165061SG

Name of Insured : TAN BOON TIONG MIKE

Policy No. : 1800112625

Insured Tel No. : HP: \_\_\_\_\_

Make / Model : Kia Cerato

Excess Sec II :S\$

D.O.A : 03/06/2021 16:55

Place of Accident : CLEMENTI AVENUE 6

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

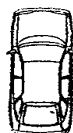
(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

SG 7005D

INSRS:  
WSP: Tower Transit  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                        |                                   |                                               |                                    |                                |                               |
|-----------------------------------|-----------------------------------|-----------------------------------------------|------------------------------------|--------------------------------|-------------------------------|
|                                   | SG 7005D - x                      | SME 3594C - X                                 | STAGE                              | DATE / PIC                     |                               |
|                                   |                                   |                                               | Non-Reporting ltr (1st):           |                                |                               |
|                                   |                                   |                                               | Non-Reporting ltr (2nd):           |                                |                               |
|                                   |                                   |                                               | Non-Reporting ltr (Final):         |                                |                               |
|                                   |                                   |                                               | Notification ltr (if non-pickup):  |                                |                               |
|                                   |                                   |                                               | Call OI:                           |                                |                               |
|                                   |                                   |                                               | After call ltr to OI:              |                                |                               |
|                                   |                                   |                                               | <b>Documentation Check List:</b>   | <b>Handler</b>                 | <b>Typist</b>                 |
|                                   |                                   |                                               | Notification ltr (if non-pickup)   | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | After call ltr to OI:              | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Authorisation To Act:              | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Release Voucher:                   | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Final Repair Bill:                 | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Car Rental Invoice:                | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Towing Invoice                     | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | LTA / GIA :                        | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Medical Bill:                      | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | PIR:                               | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Mandate/Reject Instruction:        | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | LOD                                | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Payment Breakdown Form:            |                                | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>         | Date/Time:                        | Sent By:                                      | Post-Repair Photos:                | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                               | Others:                            | <input type="checkbox"/>       | <input type="checkbox"/>      |
| <b>FINALIZATION</b>               | Date/Time:                        | Confirm with:                                 | Confirm by:                        |                                |                               |
| Repair Cost:                      | S\$                               | ( days) Reduction:                            | %                                  | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>           | Date/Time:                        | Confirm with                                  | Email <input type="checkbox"/>     | Call <input type="checkbox"/>  |                               |
| Final Liability:                  | %                                 | (Agreed / Assessed) BOLA S/N No. :            | If NO or B 28, Ass. Lia :          |                                |                               |
| Repair Cost:                      | S\$                               |                                               |                                    |                                |                               |
| Loss of Rental (LOR):             | S\$                               | ( days)                                       |                                    |                                |                               |
| Loss of Use (LOU):                | S\$                               | (\$ x days)                                   |                                    |                                |                               |
| Loss of Income (LOI):             | S\$                               | (\$ x days)                                   |                                    |                                |                               |
| LOR only <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/>            | LOR + LOI <input type="checkbox"/> | [Tick only one]                |                               |
| GIA/LTA Search                    | S\$                               |                                               |                                    |                                |                               |
| Medical:                          | S\$                               | 1) Claim status: Normal/Reject/Private Settle |                                    |                                |                               |
| Disbursement:                     | S\$                               | (e.g. Tow/ Independent )                      | 2) Report Format:                  |                                |                               |
| Legal Cost                        | S\$                               | 3) Survey fee:                                |                                    |                                |                               |
| <b>Total:</b>                     | <b>S\$</b>                        | <b>Global Sum S\$:</b>                        |                                    |                                |                               |
| <b>FINAL PAYMENT</b>              | Date/Time:                        | Confirm with:                                 | Email <input type="checkbox"/>     | Call <input type="checkbox"/>  |                               |
| Payee 1:                          | S\$                               | Name 1:                                       |                                    |                                |                               |
| Payee 2: (Strike if N.A.)         | S\$                               | Name 2:                                       |                                    |                                |                               |
| Payee 3: (Strike if N.A.)         | S\$                               | Name 3:                                       |                                    |                                |                               |